HOUSE BILL No. 1240

DIGEST OF INTRODUCED BILL

Citations Affected: IC 25-1-7; IC 25-23-1; IC 25-23.3.

Synopsis: Interstate nurse licensure compact. Establishes the interstate nurse licensure compact. Provides that the state board of nursing may issue by endorsement a license to practice as a registered nurse if the applicant completes the Canadian Registered Nurse Examination. Requires part of the examination and registration fees collected by the board to be used for the rehabilitation of impaired registered nurses and impaired licensed practical nurses. Establishes the amount of fees to be deposited in the impaired nurses account. Makes conforming changes. Repeals a provision that abolishes and transfers the rights, powers, and duties of the state board of examination and registration of nurses.

Effective: July 1, 2007.

Welch, Brown C, Borror

January 11, 2007, read first time and referred to Committee on Public Health.





First Regular Session 115th General Assembly (2007)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2006 Regular Session of the General Assembly.

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HOUSE BILL No. 1240

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

Be it enacted by the General Assembly of the State of Indiana:



SECTION 1. IC 25-1-7-9 IS AMENDED TO READ AS FOLLOWS
[EFFECTIVE JULY 1, 2007]: Sec. 9. A board member is disqualified
from any consideration of the case if the board member filed the
complaint or participated in negotiations regarding the complaint. The
board member is not disqualified from the board's final determination
solely because the board member was the hearing officer or determined
the complaint and the information pertaining to the complaint was
current significant investigative information (as defined by
IC 25-23.2-1-5). IC 25-23.3-2-6).

- SECTION 2. IC 25-1-7-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 10. (a) All complaints and information pertaining to the complaints shall be held in strict confidence until the attorney general files notice with the board of the attorney general's intent to prosecute the licensee.
- (b) A person in the employ of the office of attorney general or any of the boards, or any person not a party to the complaint, may not disclose or further a disclosure of information concerning the



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1	complaint unless the disclosure is required:	
2	(1) under law; or	
3	(2) for the advancement of an investigation.	
4	(c) Notwithstanding subsections (a) and (b), under IC 25-23.2 the	
5	state board of nursing may disclose to the coordinated licensure	
6	information system (as defined by IC 25-23.2-1-4) complaints and	
7	information concerning complaints that the board determines to be	
8	current significant investigative information (as defined by	
9	IC 25-23.2-1-5).	
.0	(c) Notwithstanding subsections (a) and (b), under IC 25-23.3	4
1	the state board of nursing may disclose to the coordinated licensure	
2	information system (as defined in IC 25-23.3-2-5) complaints and	`
3	information concerning complaints that the board determines to be	
4	current significant investigative information (as defined in	
5	IC 25-23.3-2-6).	
6	SECTION 3. IC 25-23-1-1.1 IS AMENDED TO READ AS	4
7	FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 1.1. (a) As used in this	•
8	chapter, "registered nurse" means a person who holds a valid license	
9	issued:	
0.0	(1) (1) under this chapter; or or	
21	(2) by a party state (as defined in IC 25-23.2-1-11);	
22	(2) by a party state (as defined in IC 25-23.3-2-12); and	
23	who bears primary responsibility and accountability for nursing	
24	practices based on specialized knowledge, judgment, and skill derived	
25	from the principles of biological, physical, and behavioral sciences.	
26	(b) As used in this chapter, "registered nursing" means performance	
27	of services which include but are not limited to:	1
28	(1) assessing health conditions;	1
29	(2) deriving a nursing diagnosis;	
0	(3) executing a nursing regimen through the selection,	
31	performance, and management of nursing actions based on	
32	nursing diagnoses;	
33	(4) advocating the provision of health care services through	
34	collaboration with or referral to other health professionals;	
55	(5) executing regimens delegated by a physician with an	
66	unlimited license to practice medicine or osteopathic medicine, a	
37	licensed dentist, a licensed chiropractor, a licensed optometrist,	
8	or a licensed podiatrist;	
9	(6) teaching, administering, supervising, delegating, and	
10	evaluating nursing practice;	
1	(7) delegating tasks which assist in implementing the nursing,	
12	medical, or dental regimen; or	



1	(8) performing acts which are approved by the board or by the
2	board in collaboration with the medical licensing board of
3	Indiana.
4	(c) As used in this chapter, "assessing health conditions" means the
5	collection of data through means such as interviews, observation, and
6	inspection for the purpose of:
7	(1) deriving a nursing diagnosis;
8	(2) identifying the need for additional data collection by nursing
9	personnel; and
.0	(3) identifying the need for additional data collection by other
.1	health professionals.
.2	(d) As used in this chapter, "nursing regimen" means preventive,
.3	restorative, maintenance, and promotion activities which include
.4	meeting or assisting with self-care needs, counseling, and teaching.
.5	(e) As used in this chapter, "nursing diagnosis" means the
.6	identification of needs which are amenable to nursing regimen.
.7	SECTION 4. IC 25-23-1-1.2 IS AMENDED TO READ AS
. 8	FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 1.2. As used in this
.9	chapter, "licensed practical nurse" means a person who holds a valid
20	license issued under this chapter or by a party state (as defined in
21	IC 25-23.2-1-11) or by a party state (as defined in IC 25-23.3-2-12)
22	and who functions at the direction of:
23	(1) a registered nurse;
24	(2) a physician with an unlimited license to practice medicine or
25	osteopathic medicine;
26	(3) a licensed dentist;
27	(4) a licensed chiropractor;
28	(5) a licensed optometrist; or
29	(6) a licensed podiatrist;
0	in the performance of activities commonly performed by practical
31	nurses and requiring special knowledge or skill.
32	SECTION 5. IC 25-23-1-7 IS AMENDED TO READ AS
3	FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 7. (a) The board shall
34	do the following:
35	(1) Adopt under IC 4-22-2 rules necessary to enable it to carry
66	into effect this chapter.
57	(2) Prescribe standards and approve curricula for nursing
88	education programs preparing persons for licensure under this
19	chapter.
10	(3) Provide for surveys of such programs at such times as it
1	considers necessary.
12	(4) Accredit such programs as meet the requirements of this



1	chapter and of the board.
2	(5) Deny or withdraw accreditation from nursing education
3	programs for failure to meet prescribed curricula or other
4	standards.
5	(6) Examine, license, and renew the license of qualified
6	applicants.
7	(7) Issue subpoenas, compel the attendance of witnesses, and
8	administer oaths to persons giving testimony at hearings.
9	(8) Cause the prosecution of all persons violating this chapter and
.0	have power to incur necessary expenses for these prosecutions.
.1	(9) Adopt rules under IC 4-22-2 that do the following:
2	(A) Prescribe standards for the competent practice of
.3	registered, practical, and advanced practice nursing.
4	(B) Establish with the approval of the medical licensing board
.5	created by IC 25-22.5-2-1 requirements that advanced practice
.6	nurses must meet to be granted authority to prescribe legend
.7	drugs and to retain that authority.
. 8	(C) Establish, with the approval of the medical licensing board
.9	created by IC 25-22.5-2-1, requirements for the renewal of a
20	practice agreement under section 19.4 of this chapter, which
21	shall expire on October 31 in each odd-numbered year.
22	(10) Keep a record of all its proceedings.
23	(11) Collect and distribute annually demographic information on
24	the number and type of registered nurses and licensed practical
2.5	nurses employed in Indiana.
26	(12) Adopt rules and administer the interstate nurse licensure
27	compact under IC 25-23.2.
28	(12) Adopt rules and administer the interstate nurse licensure
29	compact under IC 25-23.3.
50	(b) The board may do the following:
31	(1) Create ad hoc subcommittees representing the various nursing
52	specialties and interests of the profession of nursing. Persons
33	appointed to a subcommittee serve for terms as determined by the
34	board.
35	(2) Utilize the appropriate subcommittees so as to assist the board
66	with its responsibilities. The assistance provided by the
57	subcommittees may include the following:
88	(A) Recommendation of rules necessary to carry out the duties
19	of the board.
10	(B) Recommendations concerning educational programs and
1	requirements.
12	(C) Recommendations regarding examinations and licensure



1	of annlicents
2	of applicants. (3) Appoint nurses to serve on each of the ad hoc subcommittees.
3	(3) Appoint nurses to serve on each of the ad not subcommittees. (4) Withdraw from the interstate compact under IC 25-23.2.
4	•
5	(4) Withdraw from the interstate nurse licensure compact under IC 25-23.3.
6	(c) Nurses appointed under subsection (b) must:
7	(1) be committed to advancing and safeguarding the nursing
8	profession as a whole; and
9	(2) represent nurses who practice in the field directly affected by
10	a subcommittee's actions.
11	SECTION 6. IC 25-23-1-11 IS AMENDED TO READ AS
12	FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 11. (a) Any person who
13	applies to the board for a license to practice as a registered nurse must:
14	(1) not have:
15	(A) been convicted of a crime that has a direct bearing on the
16	person's ability to practice competently; or
17	(B) committed an act that would constitute a ground for a
18	disciplinary sanction under IC 25-1-9;
19	(2) have completed:
20	(A) the prescribed curriculum and met the graduation
21	requirements of a state accredited program of registered
22	nursing that only accepts students who have a high school
23	diploma or its equivalent as determined by the board; or
24	(B) the prescribed curriculum and graduation requirements of
25	a nursing education program in a foreign country that is
26	substantially equivalent to a board approved program as
27	determined by the board. The board may by rule adopted under
28	IC 4-22-2 require an applicant under this subsection to
29	successfully complete an examination approved by the board
30	to measure the applicant's qualifications and background in the
31	practice of nursing and proficiency in the English language;
32	and
33	(3) be physically and mentally capable of and professionally
34	competent to safely engage in the practice of nursing as
35	determined by the board.
36	The board may not require a person to have a baccalaureate degree in
37	nursing as a prerequisite for licensure.
38	(b) The applicant must pass an examination in such subjects as the
39	board may determine.
40	(c) The board may issue by endorsement a license to practice as a
41	registered nurse to an applicant who has been licensed as a registered
42	nurse, by examination, under the laws of another state if the applicant



1	presents proof satisfactory to the board that, at the time that the
2	applicant applies for an Indiana license by endorsement, the applicant
3	holds a current license in another state and possesses credentials and
4	qualifications that are substantially equivalent to requirements in
5	Indiana for licensure by examination. The board may specify by rule
6	what constitutes substantial equivalence under this subsection.
7	(d) The board may issue by endorsement a license to practice as a
8	registered nurse to an applicant who:
9	(1) has completed the English version of the:
10	(A) Canadian Nurse Association Testing Service Examination
11	(CNAT); or
12	(B) Canadian Registered Nurse Examination (CRNE);
13	(2) achieved the passing score required on the examination at the
14	time the examination was taken;
15	(3) is currently licensed in a Canadian province or in another
16	state; and
17	(4) meets the other requirements under this section.
18	(e) Each applicant for examination and registration to practice as a
19	registered nurse shall pay a fee set by the board, The board may set a
20	proctoring fee to be paid by applicants who are graduates of a state
21	accredited school in another state. a part of which must be used for
22	the rehabilitation of impaired registered nurses and impaired
23	licensed practical nurses. Payment of the fee or fees shall be made by
24	the applicant prior to the date of examination. The lesser of the
25	following amounts from fees collected under this subsection shall
26	be deposited in the impaired nurses account of the state general
27	fund established by section 34 of this chapter:
28	(1) Twenty-five percent (25%) of the license application fee
29	per license applied for under this section.
30	(2) The cost per license to operate the impaired nurses
31	program, as determined by the Indiana professional licensing
32	agency.
33	(f) Any person who holds a license to practice as a registered nurse
34	in:
35	(1) (1) Indiana; or or
36	(2) a party state (as defined in IC 25-23.2-1-11);
37	(2) a party state (as defined in IC 25-23.3-2-12);
38	may use the title "Registered Nurse" and the abbreviation "R.N.". No
39	other person shall practice or advertise as or assume the title of
40	registered nurse or use the abbreviation of "R.N." or any other words,
41	letters, signs, or figures to indicate that the person using same is a



registered nurse.

1	SECTION 7. IC 25-23-1-12 IS AMENDED TO READ AS
2	FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 12. (a) A person who
3	applies to the board for a license to practice as a licensed practical
4	nurse must:
5	(1) not have been convicted of:
6	(A) an act which would constitute a ground for disciplinary
7	sanction under IC 25-1-9; or
8	(B) a crime that has a direct bearing on the person's ability to
9	practice competently;
0	(2) have completed:
1	(A) the prescribed curriculum and met the graduation
2	requirements of a state accredited program of practical nursing
3	that only accepts students who have a high school diploma or
4	its equivalent, as determined by the board; or
5	(B) the prescribed curriculum and graduation requirements of
6	a nursing education program in a foreign country that is
7	substantially equivalent to a board approved program as
8	determined by the board. The board may by rule adopted under
9	IC 4-22-2 require an applicant under this subsection to
20	successfully complete an examination approved by the board
21	to measure the applicant's qualifications and background in the
22	practice of nursing and proficiency in the English language;
23	and
24	(3) be physically and mentally capable of, and professionally
2.5	competent to, safely engage in the practice of practical nursing as
26	determined by the board.
27	(b) The applicant must pass an examination in such subjects as the
28	board may determine.
29	(c) The board may issue by endorsement a license to practice as a
0	licensed practical nurse to an applicant who has been licensed as a
31	licensed practical nurse, by examination, under the laws of another
32	state if the applicant presents proof satisfactory to the board that, at the
33	time of application for an Indiana license by endorsement, the applicant
34	possesses credentials and qualifications that are substantially
35	equivalent to requirements in Indiana for licensure by examination. The
66	board may specify by rule what shall constitute substantial equivalence
37	under this subsection.
8	(d) Each applicant for examination and registration to practice as a
9	practical nurse shall pay a fee set by the board, The board may set a
10	proctoring fee to be paid by applicants who are graduates of a state
1	accredited school in another state. a part of which must be used for
12	the rehabilitation of impaired registered nurses and impaired



1	licensed practical nurses. Payment of the fees shall be made by the
2	applicant before the date of examination. The lesser of the following
3	amounts from fees collected under this subsection shall be
4	deposited in the impaired nurses account of the state general fund
5	established by section 34 of this chapter:
6	(1) Twenty-five percent (25%) of the license application fee
7	per license applied for under this section.
8	(2) The cost per license to operate the impaired nurses
9	program, as determined by the Indiana professional licensing
10	agency.
11	(e) Any person who holds a license to practice as a licensed
12	practical nurse in:
13	(1) (1) Indiana; or or
14	(2) a party state (as defined in IC 25-23.2-1-11);
15	(2) a party state (as defined in IC 25-23.3-2-12);
16	may use the title "Licensed Practical Nurse" and the abbreviation
17	"L.P.N.". No other person shall practice or advertise as or assume the
18	title of licensed practical nurse or use the abbreviation of "L.P.N." or
19	any other words, letters, signs, or figures to indicate that the person
20	using them is a licensed practical nurse.
21	SECTION 8. IC 25-23-1-16.1, AS AMENDED BY P.L.1-2006,
22	SECTION 451, IS AMENDED TO READ AS FOLLOWS
23	[EFFECTIVE JULY 1, 2007]: Sec. 16.1. (a) A license to practice as a
24	registered nurse expires on October 31 in each odd-numbered year.
25	Failure to renew the license on or before the expiration date will
26	automatically render the license invalid without any action by the
27	board.
28	(b) A license to practice as a licensed practical nurse expires on
29	October 31 in each even-numbered year. Failure to renew the license
30	on or before the expiration date will automatically render the license
31	invalid without any action by the board.
32	(c) The procedures and fee for renewal shall be set by the board.
33	(d) At the time of license renewal, each registered nurse and each
34	licensed practical nurse shall pay a renewal fee, a portion of which
35	shall be for the rehabilitation of impaired registered nurses and
36	impaired licensed practical nurses. The lesser of the following amounts
37	from fees collected under this subsection shall be deposited in the
38	impaired nurses account of the state general fund established by section
39	34 of this chapter:
40	(1) Sixteen percent (16%) Twenty-five percent (25%) of the

license renewal fee per license renewed under this section.

(2) The cost per license to operate the impaired nurses program,



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as determined by the Indiana professional licensing agency.	
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(c) The treasurer of state shall invest the money in the account not	
	as determined by the Indiana professional licensing agency. SECTION 9. IC 25-23-1-27 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 27. A person who: (1) sells or fraudulently obtains or furnishes any nursing diploma, license, or record; (2) practices nursing under cover of any diploma or license or record illegally or fraudulently obtained or assigned or issued unlawfully or under fraudulent representation; (3) practices nursing as a registered nurse or licensed practical nurse unless licensed to do so under this chapter or under IC 25-23.2; or under IC 25-23.3; (4) uses in connection with the person's name any designation tending to imply that the person is a registered nurse or a licensed practical nurse unless licensed to practice under this chapter or under IC 25-23.2; or under IC 25-23.3; (5) practices nursing during the time the person's license issued under this chapter or under IC 25-23.3; (6) conducts a school of nursing or a program for the training of practical nurses unless the school or program has been accredited by the board; or (7) otherwise violates this chapter; commits a Class B misdemeanor. SECTION 10. IC 25-23-1-34, AS AMENDED BY P.L.1-2006, SECTION 454, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 34. (a) The impaired nurses account is established within the state general fund for the purpose of providing money for providing rehabilitation of impaired registered nurses or licensed practical nurses under this article. The account shall be administered by the Indiana professional licensing agency. (b) Expenses of administering the account shall be paid from money in the account. The account consists of the following: (1) Funds collected for the rehabilitation of impaired registered nurses and impaired licensed practical nurses under section sections 11(e), 12(d), and 16.1(d) of this chapter. (2) Funds collected for the rehabilitation of impaired registered nurses and impaired licensed practical nurses under 1C 25-23-2-3-5. (4) (3) Fines collected



1	currently needed to meet the obligations of the account in the same
2	manner as other public money may be invested.
3	(d) Money in the account is appropriated to the board for the
4	purpose stated in subsection (a).
5	SECTION 11. IC 25-23.3 IS ADDED TO THE INDIANA CODE
6	AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY
7	1, 2007]:
8	ARTICLE 23.3. INTERSTATE NURSE LICENSURE
9	COMPACT
10	Chapter 1. Purpose
11	Sec. 1. It is the purpose of this compact to allow qualified nurses
12	who are licensed in a compact state to practice nursing in another
13	compact state and to reduce redundant licensing requirements of
14	nurses who practice in multiple states.
15	Chapter 2. Definitions
16	Sec. 1. The definitions in this chapter apply throughout this
17	article.
18	Sec. 2. "Adverse action" means a home or remote state action.
19	Sec. 3. "Alternative program" means a voluntary,
20	nondisciplinary monitoring program approved by a nurse licensing
21	board.
22	Sec. 4. "Board" has the meaning set forth in IC 25-23-1-1.
23	Sec. 5. "Coordinated licensure information system" means an
24	integrated process:
25	(1) for collecting, storing, and sharing information on nurse
26	licensure and enforcement activities related to nurse licensure
27	laws; and
28	(2) administered by a nonprofit organization composed of and
29	controlled by state nurse licensing boards.
30	Sec. 6. "Current significant investigative information" means:
31	(1) investigative information that a licensing board, after a
32 33	preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law,
33 34	
3 4 35	has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
36	(2) investigative information that indicates that the nurse
30 37	represents an immediate threat to public health and safety
38	regardless of whether the nurse has been notified and has had
30 39	an opportunity to respond.
40	Sec. 7. "Home state" means the party state that is a nurse's
40 41	primary state of residence.
42	Sec. 8. "Home state action" means any administrative, civil,
⊤ ∠	Sec. 6. Home state action means any auministrative, civil,



1	equitable, or criminal action permitted by the home state's laws
2	that are imposed on a nurse by the home state's licensing board or
3	other authority, including an action against an individual's license,
4	such as revocation, suspension, probation, or any other action that
5	affects a nurse's authorization to practice.
6	Sec. 9. "Licensing board" means a party state's regulatory body
7	responsible for issuing nurse licenses.
8	Sec. 10. "Multistate licensure privilege" means current, official
9	authority from a remote state permitting the practice of nursing as
10	either a registered nurse or a licensed practical/vocational nurse in
11	that party state. All party states have the authority, in accordance
12	with state due process law, to take actions against the nurse's
13	privilege, such as revocation, suspension, probation, or any other
14	action that affects a nurse's authorization to practice.
15	Sec. 11. "Nurse" means a registered nurse or licensed
16	practical/vocational nurse as defined by the state practice laws of
17	each party state.
18	Sec. 12. "Party state" means any state that has adopted this
19	compact.
20	Sec. 13. "Remote state" means a party state, other than the
21	home state:
22	(1) where a patient is located at the time nursing care is
23	provided; or
24	(2) in the case of the practice of nursing not involving a
25	patient, in a party state where the recipient of nursing
26	practice is located.
27	Sec. 14. "Remote state action" means:
28	(1) any administrative, civil, equitable, or criminal action
29	permitted by a remote state's laws that are imposed on a
30	nurse by the remote state's licensing board or other authority,
31	including actions against an individual's multistate licensure
32	privilege to practice in the remote state; and
33	(2) cease and desist and other injunctive or equitable orders
34	issued by remote states or the licensing boards of remote
35	states.
36	Sec. 15. "State" means a state, territory, or possession of the
37	United States, the District of Columbia, or the Commonwealth of
38	Puerto Rico.
39	Sec. 16. "State practice laws" means the individual party state's
40	laws and rules that govern the practice of nursing, define the scope
41	of nursing practice, and create the methods and grounds for
42	imposing discipline. The term does not include the initial



qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

Chapter 3. General Provisions and Jurisdiction

Sec. 1. A license to practice registered nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in the party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in the party state. To obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal and all other applicable state laws.

Sec. 2. Party states may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in their state and may take any other actions under their applicable state laws necessary to protect the health and safety of their citizens. If a party state takes such an action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

Sec. 3. A nurse practicing in a party state must comply with the state practice laws of the state in which a patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but includes all nursing practice as defined by the state practice laws of a party state. The practice of nursing subjects a nurse to the jurisdiction of the nurse licensing board, the courts, and the laws in that party state.

Sec. 4. This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if a license is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

Sec. 5. Individuals not residing in a party state continue to be able to apply for nurse licensure as provided under the laws of each party state. However, the license granted to these individuals is not recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.

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1	Chapter 4. Applications for Licensure in a Party State	
2	Sec. 1. Upon application for a license, the licensing board in a	
3	party state shall ascertain, through the coordinated licensure	
4	information system, whether the applicant has ever held, or is the	
5	holder of, a license issued by any other party state, whether there	
6	are any restrictions on the multistate licensure privilege, and	
7	whether any other adverse action by any state has been taken	
8	against the license.	
9	Sec. 2. A nurse in a party state may hold licensure in only one	
10	(1) party state at a time, issued by the home state.	4
11	Sec. 3. A nurse who intends to change primary state of residence	
12	may apply for licensure in the new home state before the change.	`
13	However, a new license may not be issued by a party state until a	
14	nurse provides evidence of change in primary state of residence	
15	satisfactory to the new home state's licensing board.	
16	Sec. 4. (a) If a nurse:	4
17	(1) changes primary state of residence by moving between (2)	
18	party states; and	
19	(2) obtains a license from the new home state;	
20	the license from the former home state is no longer valid.	
21	(b) If a nurse:	
22	(1) changes primary state or residence by moving from a	
23	nonparty state to a party state; and	
24	(2) obtains a license from the new home state;	
25	the individual state license issued by the nonparty state is not	
26	affected and remains in force if provided by the laws of the	
27	nonparty state.	1
28	(c) If a nurse changes primary state of residence by moving	\
29	from a party state to a nonparty state, the license issued by the	
30	prior home state converts to an individual state license, valid only	
31	in the former home state, without multistate license privilege to	
32	practice in other party states.	
33	Chapter 5. Adverse Actions	
34	Sec. 1. The licensing board of a remote state shall promptly	
35	report to the administrator of the coordinated licensure	
36	information system any remote state actions, including the factual	
37	and legal basis for such actions, if known. The licensing board of a	
38	remote state shall promptly report any significant current	
39	investigative information yet to result in a remote state action. The	
40	administrator of the coordinated licensure information system	
41	shall promptly notify the home state of any such reports.	

Sec. 2. The licensing board of a party state has authority to



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1	complete any pending investigations for a nurse who changes
2	primary state of residence during the course of such investigations.
3	The licensing board also has authority to take appropriate action
4	and shall promptly report the conclusions of such investigations to
5	the administrator of the coordinated licensure information system.
6	The administrator of the coordinated licensure information system
7	shall promptly notify the new home state of any such actions.
8	Sec. 3. A remote state may take adverse action affecting the
9	multistate licensure privilege to practice within that party state.
10	However, only the home state has authority to impose adverse
11	action against the license issued by the home state.
12	Sec. 4. For purposes of imposing adverse action, the licensing
13	board of the home state shall give the same priority and effect to
14	reported conduct received from a remote state as it would if such
15	conduct had occurred within the home state. In so doing, it shall
16	apply its own state laws to determine appropriate action.
17	Sec. 5. The home state may take adverse action based on the
18	factual findings of the remote state, so long as each state follows its
19	own procedures for imposing such adverse action.
20	Sec. 6. This compact does not override a party state's decision
21	that participation in an alternative program may be used instead
22	of licensure action and that such participation shall remain
23	nonpublic if required by the party state's laws. Party states must
24	require nurses who enter any alternative programs to agree not to
25	practice in any other party state during the term of the alternative
26	program without prior authorization from the other party state.
27	Chapter 6. Additional Authority Invested in Party State Nurse
28	Licensing Boards
29	Sec. 1. Notwithstanding any other powers, party state nurse
30	licensing boards may:
31	(1) if otherwise permitted by state law, recover from the
32	affected nurse the costs of investigations and disposition of
33	cases resulting from any adverse action taken against that
34	nurse;
35	(2) issue subpoenas for both hearings and investigations that
36	require the attendance and testimony of witnesses and the
37	production of evidence. Subpoenas issued by a nurse licensing
38	board in a party state for the attendance and testimony of
39	witnesses and the production of evidence from another party

state shall be enforced in the latter state by a court with

jurisdiction, according to the practice and procedure of that

court applicable to subpoenas issued in proceedings pending



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1	before it. The issuing authority shall pay any witness fees,
2	travel expenses, mileage, and other fees required by the
3	service statutes of the state where the witnesses and evidence
4	are located;
5	(3) issue cease and desist orders to limit or revoke a nurse's
6	authority to practice in their state; and
7	(4) adopt uniform rules as provided for in IC 25-23.3-8-3.
8	Chapter 7. Coordinated Licensure Information System
9	Sec. 1. All party states shall participate in a cooperative effort
10	to create a coordinated data base of all licensed registered nurses
11	and licensed practical/vocational nurses. This system includes
12	information on the licensure and disciplinary history of each nurse,
13	as contributed by party states, to assist in the coordination of nurse
14	licensure and enforcement efforts.
15	Sec. 2. Notwithstanding any other law, all party states' licensing
16	boards shall promptly report adverse actions, actions against
17	multistate licensure privileges, any current significant investigative
18	information yet to result in adverse action, denials of applications,
19	and the reasons for such denials to the coordinated licensure
20	information system.
21	Sec. 3. Current significant investigative information shall be
22	transmitted through the coordinated licensure information system
23	only to party state licensing boards.
24	Sec. 4. Notwithstanding any other law, all party states' licensing
25	boards contributing information to the coordinated licensure
26	information system may designate information that may not be
27	shared with nonparty states or disclosed to other entities or
28	individuals without the express permission of the contributing
29	state.
30	Sec. 5. Any personally identifiable information obtained by a
31	party state's licensing board from the coordinated licensure
32	information system may not be shared with nonparty states or
33	disclosed to other entities or individuals except to the extent
34	permitted by the laws of the party state contributing the
35	information.
36	Sec. 6. Any information contributed to the coordinated licensure
37	information system that is subsequently required to be expunged
38	by the laws of the party state contributing that information shall
39	also be expunged from the coordinated licensure information
40	system.
41	Sec. 7. The compact administrators, acting jointly and in

consultation with the administrator of the coordinated licensure



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information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact. Chapter 8. Compact Administration and Interchange of Information Sec. 1. The head of the nurse licensing board of each party state, or that person's designee, shall be the administrator of this compact for that person's state. For purposes of this article, the executive director of the Indiana professional licensing agency or the executive director's designee shall be the administrator of this compact. Sec. 2. The compact administrator of each party state shall furnish to the compact administrator of each other party state any information and documents, including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information, to facilitate the administration of this compact. Sec. 3. Compact administrators may develop uniform rules to facilitate and coordinate implementation of this compact. These uniform rules shall be adopted by a board under IC 25-23.3-6-1. Chapter 9. Immunity Sec. 1. Neither a party state nor an officer, employee, or agent of a party state's nurse licensing board who acts in accordance with this compact is liable on account of any act or omission in good faith while engaged in the performance of duties under this compact. Good faith in this article does not include willful misconduct, gross negligence, or recklessness. Chapter 10. Entry Into Force, Withdrawal, and Amendment Sec. 1. This compact becomes effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this compact. Sec. 2. No withdrawal affects the validity or applicability by the licensing boards of states remaining party to the compact of any



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Sec. 3. This compact shall not be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with this compact.

report of adverse action occurring before the withdrawal.

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Sec. 4. This compact may be amended by the party states. No amendment to this compact becomes effective and binding upon the party states unless and until it is enacted into the laws of all party states.

1	Chapter 11. Construction and Severability	
2	Sec. 1. This compact shall be liberally construed to effectuate its	
3	purposes. The provisions of this compact are severable and if any	
4	phrase, clause, sentence, or provision of this compact is declared to	
5	be contrary to the constitution of any party state or of the United	
6	States or if the applicability of this compact to any government,	
7	agency, person, or circumstance is held invalid, the validity of the	
8	remainder of this compact and the applicability of this compact to	
9	any government, agency, person, or circumstance is not affected	
10	thereby. If this compact is held contrary to the constitution of any	
11	party state, this compact remains in full force and effect as to the	
12	remaining party states and in full force and effect as to the party	
13	state affected as to a severable matter.	
14	Sec. 2. If party states find a need for settling disputes arising	
15	under this compact:	
16	(1) the party states may submit the issues in dispute to an	
17	arbitration panel comprised of an individual appointed by the	
18	compact administrator in the home state, an individual	
19	appointed by the compact administrator in each remote state	
20	involved, and an individual mutually agreed upon by the	
21	compact administrators of all the party states involved in the	
22	dispute; and	
23	(2) the decision of a majority of the arbitrators is final and	
24	binding.	
25	Sec. 3. This article expires July 1, 2011.	
26	SECTION 12. IC 25-23-1-28 IS REPEALED [EFFECTIVE JULY	
27	1, 2007].	
28	SECTION 13. [EFFECTIVE JULY 1, 2007] (a) Notwithstanding	V
29	IC 25-23.3, as added by this act, IC 25-23.3 may not be	J
30	implemented until July 1, 2008.	
31	(b) The state board of nursing shall, not later than June 30,	
32	2008, adopt rules under IC 4-22-2 to administer IC 25-23.3, as	
33	added by this act.	

(c) This SECTION expires July 1, 2008.

